

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

AMEND

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
4	/	/				
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18	/	/				
19	/					
20		/				
21		/				
22			2			
23			2			
24			2			
25		1				
26		1				
27		1				
28			2			
29			2			
30			2			
31			3			
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48						
49						
50						
TOTAL IND.	7		6			
TOTAL DEP.	16		24			
TOTAL CLAIMS	23		30			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						